



**EMERGENCY MEDICAL  
SERVICES AGENCY**  
LOS ANGELES COUNTY

Los Angeles County EMS Agency  
Attn: AED Program Coordinator  
5555 Ferguson Drive, Suite 220  
Commerce, CA 90022  
Tel: (323) 890-8693 Fax: (323) 890-8528

**Public Access Defibrillation Program  
Notification Form**

Company Name		Type of Business	
Site Address		City	Zip Code
Program Coordinator / Contact Person			Title
Phone (       )	Fax (       )	Email	
Number of Personnel Trained	Training Program <input type="checkbox"/> American Heart Association <input type="checkbox"/> American Red Cross <input type="checkbox"/> Other _____	Trained by	
Name of Oversight Physician		Physician's Phone (       )	
Physician's Address		Physician's Fax (       )	
Do all employees know the location of the AED? <input type="checkbox"/> Yes <input type="checkbox"/> No		How were they notified? <input type="checkbox"/> Newsletter <input type="checkbox"/> Email <input type="checkbox"/> Verbal <input type="checkbox"/> Other _____	
AED Manufactures <input type="checkbox"/> Cardiac Science <input type="checkbox"/> Defibteck <input type="checkbox"/> Heartsine <input type="checkbox"/> Medtronic <input type="checkbox"/> Philips <input type="checkbox"/> Welch Allyn <input type="checkbox"/> Zoll <input type="checkbox"/> Other _____		Model <input type="checkbox"/> FirstSave <input type="checkbox"/> Powerheart G3 <input type="checkbox"/> Lifeline <input type="checkbox"/> Samaritan <input type="checkbox"/> Samaritan PAD <input type="checkbox"/> Lifepak <input type="checkbox"/> CR plus <input type="checkbox"/> CR exp <input type="checkbox"/> FRx <input type="checkbox"/> FR2 <input type="checkbox"/> On-Site <input type="checkbox"/> AED 10 <input type="checkbox"/> AED20 <input type="checkbox"/> AED plus <input type="checkbox"/> AEDps <input type="checkbox"/> _____	
Is your AED approved for pediatric use? <input type="checkbox"/> Yes <input type="checkbox"/> No		Total Number of AEDs	Date AED placed into service
AED capability of 1 shock & 2 minutes CPR (which meets AHA 2005 guidelines)  <input type="checkbox"/> Yes <input type="checkbox"/> No		Location of AED (use Multiple AED Site Form if > 1 AED)	

**Completed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_